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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/736,100 12/13/2000 PAT 6,691,350
 which claims benefit of 60/170,304 12/13/1999

O.K.R.S.

** FOREIGN APPLICATIONS *****

none R.S.

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING 2	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature: <i>R. J. L. R.G.S.</i> Initials:				

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TITLE

Accessories for a patient support apparatus

FILING FEE RECEIVED 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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